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TREATMENT OF SCARLATINA.—TRACHEOTOMY IN CROUP.

DR. CLUTTERBUCK, the distinguished President of the Medical Society of London, at one of the meetings of the Society in April last, made some observations on the fatality and prevalence of scarlet fever at the present time. He remarked that the treatment of this affection, as now pursued in many cases, was to him very unsatisfactory; so much so, indeed, that he sometimes scarcely knew on what principles he was acting. He had rarely seen sufficient to convince him that the mode of treatment pursued had much to do with the cure of the case. He believed, indeed, that the treatment often effected nothing, while it was as frequently injurious. In those cases in which the eruption began to fade, the pulse became irregular, and the brain disturbed, stimulants were recommended to be given immediately. He had used them with much freedom, but the result had been anything but satisfactory to him. It was easy enough to bring up the pulse for a time by the use of stimulants; and if this were the sole object to be obtained by their use, it might be done. But the production of a more powerful state of the pulse was not always beneficial; on the contrary, the patient seemed sometimes worse after this was effected. The pulse, too, soon flagged again, and its power was not to be renewed by the repetition of stimulants at will, however freely they were employed. He believed that the stimulus of alcohol injured the brain, which was the organ chiefly affected by the injurious operation of the poison of the disease. When there was an equality of the symptoms present, the eruption being sufficiently abundant, and the throat but moderately affected, the case was disposed to end favorably. In bad and fatal cases, however, the eruption was apt to disappear; and, soon afterwards, stupor, delirium, a sinking state of the pulse, with great exhaustion of the system, to succeed. Now, if it were possible to renew the action of the skin without injury to the brain, we should reason, *à priori*, that the brain would be benefited. This was to be effected by counter-irritants, and the more general the counter-irritant the more likely was it to be successful. The opposite effect on the brain was likely to result from the employment of stimulants.

He had lately been attending five members of a family with scarlet fever, four of them being children, and one a female servant. Two of the children died; the other two, with the servant, were now out of danger. All of them had been in a state productive of great alarm. He did not

see the first case early, and the child died. He saw the second case sooner, and adopted the plan which had been pursued with the first case, viz., the early administration of stimulants, for the purpose of rousing the system: this was at first effected, but the symptoms of depression returned; the child went from bad to worse, and died. The plan of treatment pursued in these cases being so unsuccessful, he felt it difficult to determine how to act with the two other children. It occurred to him, however, that if he could get a return of action to the surface of the body, the disease might be brought into a more favorable form. As the readiest mode of effecting this was by the warm bath, impregnated with mustard, he determined on putting this plan in operation. A warm slipper-bath, that being large enough, was prepared for the third child. Owing to some mistake in the directions, as much as two pounds of powdered mustard were placed in it, and in this mixture the child was immersed. The stimulus of the bath soon became intolerable, and on removing the child at the expiration of three or four minutes, the skin was found to be intensely red; this redness continued, the child rallied and did well. This case was encouraging. The servant girl, a strong, country wench, 23 years of age, became in imminent danger; her pulse was frequent, small, and irregular; so much so, indeed, that one practitioner in attendance suspected this condition of the circulation could only be the result of cardiac disease; he (Dr. Clutterbuck), however, thought the brain to be chiefly at fault, particularly as the girl, previous to the occurrence of the fever, had been in good health. In addition to this condition of the circulation, the surface was pale and cold, and there was great depression. The mustard bath was used, the action of the skin was restored, sweating was induced, and the patient recovered. In the case of the fourth child the same remedy was employed, with the same results. Looking at the disease as presented to us in cases of this description, the remedy employed appeared to be a rational one, as tending to bring the patient into that favorable state which is present when the symptoms of the disease are more generally diffused. The mustard bath was a remedy which he should never think of using, except for the purpose of obviating the most urgent symptoms. With reference to the use of stimulants in these cases, he might remark that the brain was already excited, and became more so by the administration of alcoholic drinks. We were apt to mistake apparent for absolute weakness, and thus err in the treatment we adopted. In these cases the brain was in an oppressed, and not in an absolutely debilitated condition.

Mr. Crisp read a paper on croup, the chief object of which was to recommend that the operation of tracheotomy in this formidable disease should be performed as a *dernier resort*. With this view he related several cases, in two or three of which he opened the trachea; but owing to the very late period at which the operation was performed, in consequence of the delay of the parents in giving their consent to the proceeding, no beneficial result followed. In all of these cases, Mr. Crisp believed that if the trachea had been opened when first proposed, life would have been prolonged; and, judging from the morbid appear-

ances in one of the cases, he thought it not improbable that the child might have recovered; the adventitious deposit, in this instance, being confined to the larynx. With the view of placing the operation in question in a more favorable light than it was at present with the majority of the profession, Mr. Crisp referred to a number of cases, in which it had been successfully employed, and directed attention particularly to the cases of M. Trosseau, recorded in the "Journal des Connaissances Medico-Chirurgicales." In a table published by this distinguished surgeon, it would appear that he had performed tracheotomy for croup in thirty cases. Of these eight were successful. In six of the unsuccessful cases three of the patients were dying when the operation was commenced, and three perished in consequence of the inexperience of the assistants. Seven out of the sixteen last operated on were saved. Trosseau observes, that seven of these had been largely bled, and all of them died; thirteen had been moderately depleted, and six of these recovered; four had received no treatment, and two of them did well. With reference to the cause of the disease, Mr. Crisp considers it to depend very frequently on errors in diet; and in regard to the mode in which calomel acts beneficially, he makes the following observations:—

"The beneficial effects of calomel appear to me to arise from its peculiar irritative action upon the mucous lining of the intestines, which is often produced a few hours after its administration. I doubt, however, whether this or any other medicine is likely to be of service in the last stage of the disease."

Dr. Bennett considered that many of the cases of croup related by French practitioners were different from that inflammatory species of the disease known to English physicians, and that no data could be drawn from them as to the success of tracheotomy. With regard to the operation in cases occurring in this country, he thought we were not justified in having recourse to it early; and that in the latter stages, in consequence of the implication of the entire respiratory apparatus, it would be useless.—*London Lancet.*

CARCINOMATOUS TUMOR OF THE RECTUM.

BY ALFRED HITCHCOCK, M.D., ASHBY, MS.

[Communicated for the Boston Medical and Surgical Journal.]

Geo. A. Wheeler, æt. 25, by trade a house carpenter, tall, well formed and muscular, Nov. 18th, 1839, applied for advice with the following symptoms:—Countenance of a sallow leaden hue; features sharpened, and expressive of suffering; general debility; respiration and circulation very much hurried by exercise; pulse habitually from 90 to 110, small, hard and wiry; mouth clean; tongue red at tip and edges, rough and rather dry at root. Complained of a sinking faintness at epigastrium, of constant uneasiness, and an "unsatisfied" feeling in the right iliac region. These sensations were very much aggravated just before going to stool. His dejections had been liquid, and from six to ten in a day for the last eight months. For several years past has felt that

his fæces and urine have not passed perfectly natural; had occasionally partial ischuria, and frequently diarrhœa when a little unwell. The abdomen I found hard, tumid and tender in the right iliac region. No other tenderness of the abdomen or thorax, except over two or three of the upper dorsal vertebræ, which were exceedingly tender to the touch. This soreness was speedily removed by a vesicatory, and with it a troublesome spasmodic cough which had existed for two or three weeks when he first applied to me.

At the time of his applying to me, I viewed his case as one of chronic inflammation of the large intestine. The imperfectly defined tumor in the right iliac region I conjectured was either organic disease of the cæcum or introsusception of the ileum through the valve of the colon —either of which I considered as sufficient to produce the inflammatory symptoms along the track of the large intestine. For three months the patient used internally demulcents, blue pill, bals. copaiva, borax, sulph. ferri, frequent laxatives, and rigid farinaceous diet. Externally, over the enlarged part of the abdomen, blistering, cupping, tart. emetic and iodine ointments.

During the month of January his symptoms apparently very much improved; his pulse became slower and fuller, appetite and strength better, dejections much less frequent. About the first of March, however, his symptoms became very much aggravated; abdominal soreness and pain increased; dejections muco-sanguineous, and from 15 to 20 in a day; tenesmus, and complained of "weight" in the perineum on going to stool. I then made an examination per ani, and introduced a catheter into the bladder. With the point of the finger I could reach the apex of a tumor lying between the rectum and bladder—hard, smooth, and resisting—resembling in feel the compressed fœtal head passing through the pelvis. The catheter passed readily into the bladder, revealing only some slight irritation at its neck. Some time in April, by the advice of counsel, I punctured the tumor with a broad lancet carried on the finger through the anus. A slight hemorrhage and temporary ease followed. The tumor gradually increased in size, and extended lower in the pelvis; blood, mucus, and ill-looking pus were daily discharged, with tenesmus. All his symptoms became daily more aggravated; hectic, œdema and distressing soreness of the fauces, till death ended his sufferings, May 25th, 1840.

Autopsy, May 26.—Thorax contained 3 pints of water. Lungs had a few small tubercles in their upper parts—otherwise natural. The cavity of the abdomen contained from 2 to 3 quarts of water; some pus and coagulated mucus were also found floating in the cavity. At the lower part of the abdomen a large mass of disease was found, involving the cæcum, and about 10 inches of the lower part of the ileum, the bladder, the sigmoid flexure, and the rectum. The shape of the tumor was broad at its upper part, extending across the brim of the pelvis, involving the parts just mentioned—while its lower part extended down between the rectum and bladder, completely filling and taking the shape of the basin of the pelvis. The morbid mass was very firmly attached to the psoas muscle, the iliac fossæ, the brim and basin of the pelvis, so that its re-

moval became very difficult. The tumor, after being cleanly dissected out, was found to weigh 3 lbs. 12 oz. avoirdupois.

The diseased mass was of a dark modena color, hard and resisting to the knife, and through its whole substance was penetrated by numerous sinuses, containing either a sanious or cheese-like pus. Near the promontory of the sacrum were several deep and ragged ulcerations opening into the track of the rectum. The ileum, about 6 inches from the valve of the colon, opened directly into the rectum through an ulceration in the tumor of a size sufficient to admit the finger, so that the intestinal contents had not for several weeks passed through the colon. The bladder was very much contracted, and its posterior surface was completely blended with the morbid mass. Numerous ulcers, with patches of thickening and induration of the mucous membrane, were observed through the whole track of the alimentary canal. The spleen was slightly enlarged and indurated. The kidneys were slightly enlarged, and contained several spots the size of walnuts, of a white encephaloid structure. The liver healthy, except a slight hardening at several points.

In the history and pathology of the foregoing case, several circumstances are worthy of remark. 1. His mother died, several years since, of a disease of a scrofulous character, and he has now an older brother suffering dreadfully from scrofula of the lower limbs. 2. His age, and the absence of *lancinating* pain, would lead us to doubt the disease being scirrhus. 3. Total inability, from idiosyncrasy, to use any of the narcotics. 4. Apparent amendment during the cold months—probably the effect of the season, and not wholly of medical treatment.

July, 1840.

NECROLOGICAL NOTICE OF DR. RALPH GOWDEY.

[Communicated for the Boston Medical and Surgical Journal.]

Society is seldom called to mourn the death of an individual whose loss will be more felt than that of him who is the subject of this memoir. As a man, a physician, and a friend, Dr. Gowdey was most esteemed by those by whom he was best known.

At an early age he received the literary honors of Middlebury College. Soon after the completion of his collegiate course, he repaired to the State of Georgia, where he was engaged for several years as an instructer. The climate, however, having ultimately an unfavorable effect upon his health, he returned to Vermont, and shortly after commenced the study of medicine. In the year 1825 he received the degree of Doctor of Medicine. Soon after this he commenced the practice of physic in Rutland, Vt., where he continued till the close of 1828, when he removed to Middlebury, his native place. From this time till his death he steadily gained the confidence of the community as an *honest man* and *a good physician*.

As a scholar Dr. Gowdey ranked high. His mind was well cultivated and properly balanced. In his deportment he was gentlemanly, unassuming and unofficious. He read much, reflected much, and re-

membered what he read. In ordinary conversation he was affable, intelligent and interesting, so that a person could rarely be in his society for any considerable time without becoming interested and delighted. For public speaking and debate he had no relish.

At an early period of his professional course he may have been influenced to a considerable degree by certain specious and promising theories, ardently advocated at some of our medical schools, but his natural and discriminating mind, aided by experience and observation, enabled him to discern their fallacies. This circumstance, in lieu of giving him a disgust and a disrelish for medical literature, as it has often done others, served to give an augmented impulse to his energies. He was led the more carefully to examine authorities, and ponder them in his own mind more thoroughly. And hence, his professional opinions were based on *sound pathological principles.* Being thus formed, they were entitled to respect and attention. He was *strictly a pathological, not a routine practitioner.*

He was well acquainted with modern pathology and with the general circle of medical sciences. And if the inscrutable hand of Providence had not prevented, he would unquestionably have given full assurance that his recent appointment to an *important professorship* in the Vermont Academy of Medicine had been judiciously made.

He possessed more than an ordinary taste for the study of intellectual philosophy. To this science he devoted considerable attention, and upon this subject he has left several essays unpublished. The direct tendency which phrenology has to explain the history of the mind, led him to cultivate this science also with much interest. Upon this subject a considerable number of papers have been published, generally known to have been his productions.

In his intercourse with his medical brethren, he was frank and honorable. This secured for him the universal respect of the profession. The estimation in which he was holden by the public was evinced by his being twice elected member of the General Assembly of the State, without any solicitation or management of his own. On this occasion he was selected because he was the least objectionable and most popular. Office he sought not, but office sought him. As a legislator he more than equalled the expectations of his constituents. His qualifications for a statesman are clearly shown by the journals of the sessions of the General Assembly of Vermont for the years 1838 and 1839. No exceptions ought to be taken, and it is certainly no disparagement to any one, to say, that some of the most important papers of each session were from his pen. Especially, may be noticed the report of the committee on the *public land;* and, also, that of the committee in relation to a *geological survey of the State.* This latter, in a particular manner, is drawn with much ability, and is distinguished for being a plain and practical document, which will undoubtedly receive ultimately the sanction of the Legislature, and be carried into effect.

Some years since Dr. Gowdey became a hopeful convert of Christianity, and made a public profession of his faith by uniting with the Congregational church. It is said, of the great and solemn realities of

religion he never doubted. As a Christian he was uniform and consistent. With him the practical exhibition of the cross was an every-day concern. This secured for him an uncommon degree of calmness and equanimity. His confident assurance of the goodness and mercy of God sustained him when, some time since, a beloved wife and a dear child were taken from him by death. On these occasions he experienced severe trials. Speaking, a little while afterward, to a friend, on such occurrences, and on the circumstances of the profession, he remarked :— "I believe the trials and sufferings of a physician, on these events, are greater than those of any other profession. On all occasions when we are unable to afford relief or mitigate the suffering of the sick and dying, a wound must be given to our sympathies and sensibilities; but when the object of our anxiety and solicitude is a *wife* or a *child*, the distress is doubly augmented." "When," continued he, "my dying wife reached her trembling hand and directed her anxious eye towards me for help, and I was unable to afford any, my feelings can better be imagined than described. None but those who have been similarly situated can have any idea of the anguish which must then rend the heart of a humane physician."

One of the essential traits of character which Hippocrates required his pupils to possess, was to be *humane*, to sympathize with the afflicted. This trait of character the subject of this memoir possessed in an eminent degree. In him it was not the rash, impetuous emotions of a burst of sympathy, but it was native, inherent principle, cultivated by science and reason, and controlled by religion. These influences rendered him calm and composed through a trying, painful and protracted illness. And these rendered his last moments serene and unmoved. When, in the full view of immediate death, he was addressed by a warm-hearted visitant, in the pure language of compassion and sympathy, "Dr. I am sorry to see you in such trouble," he calmly replied, "*I am not in trouble*, but HAPPY." These were his last words. He has left a widowed mother, an only sister, and a daughter, yet too young to appreciate her father's excellencies and the irreparable loss she has sustained. To his friends, and it is believed he had no enemies, it is a pleasing consideration that his sun, setting at noon-day, should have descended in such glorious triumph. Death to him had lost its sting. The grave obtained no victory.

In his personal appearance, Dr. Gowdey was quite prepossessing; his stature being rather tall and slender, his countenance remarkably pleasant, his dark eye beaming with intelligence, while his hair, neither too black nor too light, spread agreeably over his well-proportioned head. His constitution was not robust, nor had it been inured to hardship; yet he had, with temporary exceptions, possessed tolerable health till about four or five years since, when he was arrested, without any obvious cause, with pulmonary hæmorrhage. On examination, by percussion and auscultation, the left lung was found to be the organ implicated. This lung was probably very extensively congested, as it gave no resonance, except at and above the centre of the breast, where was a distinct moist crepitous rhonchus. The right lung presented no physical

signs of being unsound. The hæmorrhage returned several times, the last of which was about two years ago. At each time of its recurrence he was bled moderately, and remained quiescent a few days before being able to attend to his ordinary business. Each recurrence produced much weakness, although the quantity of blood discharged at any time probably never amounted to a gill.

About the time of the commencement of the pulmonary affection, commenced, also, a deranged state of the chylopoietic viscera, accompanied with a tenderness of the abdomen, red tongue and diarrhœa. This latter complaint, with alternate abatements and recurrences, continued and required almost daily remediate measures till the termination of his disease.

Only a small part of the left lung ever regained its function sufficient to give any respiratory murmur. In this side there occurred, not unfrequently, considerable pain, which was uniformly relieved by the application of an epispastic, or an ointment of tartarized antimony.

In the early part of the winter 1839–40 he was repeatedly attacked with a severe pain in his right side, just above the false ribs. This was at each time relieved by cupping and subsequent counter-irritation. From this period his breathing became difficult, and he was unable to walk afterwards, except with peculiar caution. Neither at this or at any former period had he any cough, deserving mention. Expectoration had also been, to any amount, absent.

During the last of the winter a pain commenced about the right ilion, near the head of the colon. Notwithstanding vesication, followed by a pustular discharge, was promoted, a tumor, ultimately of extreme hardness, appeared, attended with an inability to move the right leg without the production of much distress. At this period he became anasarcous. An aqueous solution of the hydriodate of potash and iodine, with some common diuretics, was used. The tumor and the anasarca in a short time were greatly diminished, and he experienced so much relief as to walk with tolerable ease. This was evanescent. His pulse became frequent and quick; his bowels tympanitic; his breathing more impaired, accompanied with a distressed sinking sensation at the heart. With these symptoms, after several days' suffering, he expired on the 13th of June, 1840, in the 38th year of his age.

Autopsy, *forty-three hours after death.*—Present, Drs. E. Tudor, Wm. Bass, Z. Bass and W. P. Russell.

External Aspect.—Considerably anasarcous; abdomen somewhat distended, color mostly *natural*, some portions *livid*. At and above the right ilion, considerable induration discoverable on pressure.

Internal.—Cavity of the abdomen nearly half filled with water; stomach, inner and outer coats natural; intestines and omentum very livid, not gangrenous; texture apparently normal. Adhesions in the vicinity of the right ilion almost sufficient to form an aggregated mass. The coats of the colon much thickened near the *caput coli*; on the inner surface a white adherent matter, if not pus, resembling it. The iliac fossæ contained from half to two thirds of a pint of pus.

Heart, natural. Pericardium about half filled with water.

Lungs.—Left, strongly adherent anteriorly and latterly, completely *hepatized*; the upper portion containing numerous tubercles of various sizes, interspersed with granules. One piece of calcareous deposit was discovered.

The right lung was equally strongly adherent anteriorly. And at least two thirds of this had undergone the same organic change of hepatization. This portion contained tubercular accretions. The remaining third and upper portion of this lung was all of either that appeared pervious to the atmosphere. What small cavity remained in each side of the chest was partially filled with an aqueous effusion.

In the preceding notice brevity has been so much studied that each division is to be regarded a mere outline. Some of the more prominent traits only have received attention. This is truly the fact in relation to the history of the disease; and also of the abnormal appearances noticed on the autopsical examination. Of the former no notes were preserved, and of the latter time would not admit a full development of all which might have been desired.

The cause of the extreme hardness observed above the crista of the right ilion was made plain from the induration of the parts. But whether the subsidence of the tumor was produced by the escape of the pus into the bowels, or whether it had followed the course of the psoas and iliacus muscles into the thigh, was not determined. Neither was it determined *absolutely* whether any air could pass into the posterior portion of each lung. If any, the portion in each must have been very small; and the texture of each lung was so destroyed as to have rendered its function useless. Each lung in the parts mentioned appeared consolidated.

This part of the report affords an ample illustration of the goodness of the Author of our being, in so constituting our organization that life can be prolonged for such a length of time, when even our vital organs, to a very large extent, are useless. From the history of the case of the subject of this notice, and from the post-mortem examination, it would seem that life was preserved nearly five months by the use of a portion of his left lung not larger than a *turkey's egg*. And even when oppressed by the presence of a deposition of water, the heart and useful portion of the lung *struggled* and *tugged* for life, till nature herself became exhausted, and the clayey tenement in which the soul dwelt was broken at the fountain. Then, and not till then, did the disembodied soul return to God, and this residence of an immortal spirit to its mother earth.

This instance, also, affords a good example of the effect of prudence, caution, and mild and judicious medication. If the subject of these remarks had exposed himself, as people generally do after hæmorrhage from the lungs, no one can doubt that the tubercles in his lungs, in lieu of remaining, as we have every reason to think they did, for years without maturation, would have some time ago developed all the essential characters of tubercular phthisis. Or, if he had been subjected to improper or rash medical treatment, such would have been the event.

Middlebury, July 7th, 1840. J. A. Allen.

CURE OF AN OLD DISLOCATION OF THE HUMERUS.

BY PROF. DIEFFENBACH.

Herr Th., a large land owner, upwards of thirty years old, had his right shoulder dislocated two years ago by a fall from his horse; the nature of the accident was not at first recognized, and afterwards, though all the usual means were adopted by several surgeons, the bone could not be returned to its place. The patient, therefore, came to Berlin; he was of a gaunt, powerful form, with a pale complexion and but little fat, and his muscles were strong and prominent under the skin. The injured right shoulder was an inch higher than the left; the acromion formed a sharp angle; on the outer side the shoulder was deeply hollowed, and the scapula lay flat. The right arm was thinner than the left, and stood out far from the body. The head of the humerus lay on the anterior side of the chest, close to the clavicle, and two inches from the upper portion of the sternum. The patient had a constant sensation of cold in the limb, and the creeping which he had formerly felt had ceased. The pulse in the right radial artery was rather weaker than in the left. The limb was useless, and only the hand could perform some slight actions.

By moving the arm in different directions, severe pain was produced in the part where the head lay surrounded by a thick wall of dense ligament into which it had worked itself. In drawing the arm outwards from the body, the pectoralis major, latissimus dorsi, teres major and teres minor became tense, with extreme pain. The last three of these muscles felt hard and tense, even when the arm was not drawn outwards. An attempt to reduce such a dislocation without dividing these muscles and the new joint would have been extremely dangerous, and had been found impossible; but (says the Professor) I anticipated success from the subcutaneous division of everything that resisted me.

The patient being placed on the table, with one folded sheet passed under the right axilla and held by six assistants, another fastened round the right hand and held by six more, and a third round the upper part of the humerus and held by three more (in the manner usually adopted by me in old luxations), the two first sets of assistants were ordered to pull against each other. I next bade them make a slowly-increased extension, and then stop; I then passed a small scythe-shaped knife through the skin, and divided the most tense portion of the pectoralis major close to its tendon, which yielded with a cracking sound. I then again introduced the knife at the posterior border of the axilla, and divided one after the other the latissimus dorsi, the teres major, and the teres minor. All these muscles gave way with a cracking noise, which was increased by the resonance of the chest. I next passed my knife into three places by the head of the humerus, and divided in a similar manner under the skin, the dense and hard false ligaments which surrounded the new joint, and lessening the extension, I loosened the head by a few rotations.

A powerful extension was now again commenced on both sides, and the three assistants behind the patient pulled suddenly while I conducted

the humerus towards the joint, into which it slipped on a sudden, without again springing out. One shoulder looked now just like the other. The thorax, the shoulder and the arm were enveloped with bandages which were soaked with paste, and after a few hours they all became dry and hard, and prevented any motion of the right side.

The bleeding from the wounds, which were not larger than those made in phlebotomy, was at most a few drops. No unpleasant symptoms ensued, and the patient suffered even less than the majority of persons in whom I have reduced old dislocations. On the ninth day I took off the bandage; both shoulders had exactly the same level and form, and there was neither swelling nor pain. The punctures in the axilla had completely healed, and scarcely a trace of them could be found; there was no collection of blood or pus. The arm was already capable of motion, and its actions were far less hindered than they are sometimes after the reduction of recent dislocations; because in them there is often for a long time a sensitive contraction of the unnaturally-stretched muscles, while in this case the division of the resisting muscles and of the newly-formed joint not only rendered the reduction possible, but at the same time diminished its after consequences. The limb is now again restored to perfect utility.

The Professor adds that he had lately occasion to reduce a luxation of the foot backwards, of upwards of a year's standing, by dividing the tendo-Achillis, which forcibly drew the heel upwards. This limb also became useful again.—*Medicinische Zeitung.*

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BOSTON, JULY 22, 1840.

MEDICAL AND PHYSIOLOGICAL COMMENTARIES.

Mention was made, last week, of this voluminous work, by Martyn Paine, M.D., of New York; but the mass of matter was altogether too formidable for any person to read in the short time of seven or eight days, interrupted very frequently by other concerns. Even now it is difficult to do more than enumerate the titles of some sections, which are resting places or subdivisions of arguments. Volume first begins with the vital powers. "Life," says Dr. Paine, "philosophically considered, is a cause, and productive of results which constitute life in a popular sense." This proposition is closed by an appendix—theories of galvanism. Afterwards comes the philosophy of the operation of the loss of blood, followed by appendix No. 1 and 2. Section third treats of the humoral pathology, subdivided into fourteen sections, with appendix 1, 2 and 3. When the circumstance of there being 715 pages, royal octavo, in this one volume, is recollected, it need hardly be said that each topic is discussed through all the ramifications ever sought out by an ingenious and indefatigable scholar. Of the second volume we have but an imperfect knowledge at present. Having already been asked if this is a book that will be useful to physicians, we beg leave to waive the question for after consideration. No further evi-

dence than these volumes is necessary to show that Dr. Paine is a man of extensive and varied erudition, whose industry has never been surpassed in the annals of American medical science. It would seem, at first view, that the man who had written these huge volumes, aside from the thousands of references to all authors of credence from a remote antiquity, minutely and accurately registered in the margin, could have done hardly anything else in the course of a long life. Notwithstanding the praise and respect due his high literary attainments, and his profundity in the circle of the sciences, we imagine Dr. Paine will be dealt with severely by the medical press of this and other countries. There are a score of sins and medical heresies to be detected by the right worshipful admirers of Louis, which will annoy him hereafter. We shall speak with freedom directly.

The Brain and Nervous System.—A thin, skeleton-like pamphlet, bearing the title of "Anatomy and Physiology of the Brain and Nervous System—an essay read before the Albany Phrenological Society, April 3, 1840, by Aug. P. Biegler, M.D.," has been lying on our table several days, and deserves a special notice, from the fact that it is a pseudo-scientific curiosity. Some parts of it are as incomprehensible as the mysteries of transcendentalism. The author commences with a formidable host of apologies for what he was about inflicting on a learned association; and then, after getting favorably under way, he dilates upon truisms to the satisfaction of the most scrupulous admirers of little things. Had the doctor said, in the warmth of enthusiasm, "gentlemen, moonshine is a beautiful affair," the reader would have had the substance of this extraordinary philosophical production. And yet his propositions and arguments are perfectly original, and therefore the more striking in this epoch of literary filching. For example—take the following specimen, as it stands italicized on the 6th page:—"The object we seek is, we know, not *behind* but *before*, and without a mirror, in which we look for it." This is equivalent to being first at last. Again, the Albany phrenologists cannot plead ignorance, after this, of the fundamental doctrines of the brotherhood, since the whole matter touching the concealed structure of the encephalon is made as clear as Dr. Biegler could make it, which is simply as follows:—"The chemical elements even of the brain and nerves must greatly excite our attention. It is glaire—half coagulated and mixed with much water." What a plain explanation of a subject that has kept anatomists of profound attainments by the ears for nearly four hundred years. Happily for the progress of phrenology, the momentous question that was agitating the world is now definitely settled: the brain of man is nothing more nor less than *glaire, coagulated with water*. Had he said *milk and water*, we should not have been surprised. It is indeed a beautiful discovery! Where is Mr. Combe in these days of marvellous light? What a misfortune that Gall and Spurzheim should have died without knowing that their skulls were only filled with the white of an egg.

Without particularizing all the wonders of this pamphlet, those exclamations of the doctor which convey an image of the intense workings within his own glaire and water, must not be omitted. "What connection," he exclaims, with the air of a conqueror, "between that wonderful being *imagination*, and the *commissura magna* and *nervus opticus*—between reason, its empire and the *twin-pair* of *fasciculi medulli* and their intimate, the conarium (or glandula pinealis)?" So say we, in the con-

sciousness of utter ignorance of this very astonishing theme. Wherever it is convenient, however malapropos, the discoverer deals out the favorite mixture, vulgarly called brain, in copious doses. Long before he arrives at the middle of the essay, another astounding development surprises us. Perhaps it was merciful not to overwhelm the learned with the whole story at one shot. Thus:—"Besides the coagulated glaire, there is in the brain an inconsiderable particle [*not particles*] of lactate of soda, and sulphur mixed with phosphorus, and the latter as an acid is also mixed with magnesia usta, *calcarea* and alkali." More and more alarming; it is to be feared that by another year Dr. Biegler will detect a lot of charcoal in the ventricles, and finally prove that the cranium is what some savans shrewdly suspect, nothing more nor less that a magazine of powder. No greater use is made of barbarous Latin than is absolutely necessary to excite the surprise of the common people. Neither are the obscure and obsolete technicals of ancient anatomists dragged from the tomb of the Capulets any oftener than the urgency of the case obviously demands. Finally, when the whole domain of cerebral anatomy has been surveyed to the perfect satisfaction of the writer, who has bandaged and swathed his hobby in a multitude of unmeaning terms, he discourses a little in regard to the nerves here and there, just as a prolific fancy dictates. "Voluntary motion," continues our sage, "seems to be the consequence of a current *downwards;* sensation that of a current *upwards*, of this vis *vitalis* in the nerves." One is here reminded of Nicholas Culpepper's directions for gathering elder bark. "If you would make a vomit of the said bark, scrape it up, from the root towards the top—if it is for physic, then scrape the aforesaid bark from the branches towards the ground."

Twenty-two pages are occupied in this very singular manner; but what sort of an impression the delivery made on the members of the Society before whom it was read, we have at present no means of knowing. That it is a stupid, miserable piece of nonsense, without a single redeeming quality, cannot be questioned. And because of the vice of publishing such crude, unmeaning stuff, to be circulated far and wide, to disgrace science in the estimation of those who are capable of discriminating wheat from chaff, we have, from a sense of duty and as a warning to others, given this essay unusual attention. The beauty of any language consists in its simplicity and success in conveying to the minds of others the thoughts of those who use it. Science has for its object an explanation of those laws which govern matter. In the discourse we have been considering, there is a confusion of words without sense, and a smattering of terms wholly unconnected with science.

By-laws and Orders of the Mass. Medical Society.—By some mishap, last week, we did not make use of the by-laws as they now stand. We supposed that the sheet copied from contained those lately adopted. However, since the new catalogue and documents, corrected and improved, have been obligingly furnished by Dr. Hale, we shall endeavor to set things right, as well as answer the questions of a correspondent. Dr. Alden's labor has been intense, and the Society owe him a debt of gratitude. Notice should be given to the Secretary of the death of members, that the catalogue of fellows may be as complete as possible. Among the removals and present residence of some of the members and honorary members, we notice a number of errors, which probably were unavoidable with the sources of information available to the compiler.

Lunatics and Idiots in New Jersey.—A lucid and valuable report, drawn up by Drs. Smith and Condict, who were appointed commissioners by the Governor of New Jersey, to ascertain the number of unfortunate lunatics and idiots in that State, has been published by the Legislature, a more minute notice of which is intended.

Feigned Blindness.—Among the many species of imposition practised upon the public, feigned blindness is not the least difficult to be detected. Mr. Tyrrhel has sometimes succeeded immediately in detecting these *blind impostors*, by the following means: "During conversation, dropping suddenly some small object, as a knife or a pencil, which has been immediately picked up by the patient—pretending to see something in the room, or out of the window (if near) of curious or unusual character, the patient has been unguarded for a moment, and his eyes have followed the direction I have pointed to—asking how the patient's dress became torn or dirtied, his eyes have been directly turned to the part mentioned or pointed to; and several other like experiments. In one case, of a little girl, which baffled me for two or three weeks, during which period she had been strictly watched, but nothing elicited, I was engaged in conversation with her about her medicines, which she had much abhorrence of, and after trying to persuade her to take them well, I said I would give her sixpence if she would promise to do so. She assented, and I held out a halfpenny towards her, which she directly said (without touching it) was not a sixpence. She had previously sat for hours together without moving, and would allow me to place my finger or other matter in contact with the cornea without flinching.

Medical Miscellany.—A child, 18 months old, died in Baltimore, week before last, in consequence of swallowing several percussion caps. Deaths by that cause are by no means unfrequent.—Mr. Koch, of Cincinnati, has found two perfect skeletons of the gigantic mastodon, about 100 miles from Boonville, in Missouri, on a stream called Shoal Creek. One of the animals must have been, says a writer at the West, 18 feet high.—A gentleman in Philadelphia, who supposed himself afflicted with a cancer of the left breast for several months past, had a needle extracted from the inflamed spot, by Dr. Ford—the point fortunately having been discovered through the skin. The sufferer remembered having swallowed the needle ten months before.—A writer in the New Haven Herald has given an interesting article on parasitic animals in the eyes of quadrupeds. That in the eye of the Maryland horse, now attracting so much attention, is the *filaria papillosa.*—Messrs. Morse & Crane, of Burlington, N. J., manufacture dental instruments in a very superior manner. They are recommended to the patronage of the profession.—The people in the neighborhood of New Orleans are anticipating a sickly season, from the vast accumulation of vegetable matter and mud thrown upon the banks of the river the present season, and exposed to a burning sun since the subsidence of the waters.—Dr. Tucker, of Boston, extensively known for his ingenious operations in dental surgery, has just accomplished an extraordinary piece of work, for overcoming the defects of a cleft palate.—The expense for medicines, surgical instruments, hospital stores and other outgoes, on account of the sick of the Navy in 1840, is estimated by the Commissioners at $75,000. For the hospital at New York, $9,500; for the Naval Asylum, Philadelphia, $4,250; for the hospital at Norfolk,

$3,50′ at Pensacola, $7,000. To pay the salaries of the scientific corps in the South Sea Exploring Expedition, the present year, $20,700 was asked of Congress.—There are four receiving vessels in the United States, each of which has a surgeon or mate. The salary of three surgeons—viz., one at Boston, New York, and Norfolk, amounts to $7,200. The three mates on the same stations have a salary, in the whole, of $3,600. On five recruiting stations, there are five surgeons, whose joint salary amounts to $8,750 in 1840. At the Portsmouth Navy Yard, the Surgeon receives $1,800; at Boston, New York, Philadelphia, Washington, Norfolk and Pensacola, the same. Of the 15 surgeons who are now waiting orders, or were a short time ago, $24,000 will be the salary for a year.—At a meeting of the Directors of the Connecticut Retreat for the Insane, on Monday evening, Dr. Amariah Brigham, of Hartford, was chosen Superintendent. Dr. Brigham, it is well known, has given the subject of insanity much attention, and since the resignation of Dr. Fuller, in connection with Dr. Sumner, has had the general superintendence of the institution.—The annual circular of the Louisville Medical Institute is published for 1840. Dr. Gross is an addition to the board of faculty worth announcing. An historical sketch of his professional career is printed on the 14th page of the circular.

DIED,—At Sheffield, Conn., Dr. Return E. Jones, 61.—At Leverett, Mass., Dr. Orin Foster, 39.

Number of deaths in Boston for the week ending July 18, 34.—Males, 18—females, 16.—Stillborn, 4.

Of consumption, 5—croup, 1—marasmus, 2—dropsy in the head, 3—rheumatic, 1—brain fever, 1—rupture of bloodvessel, 1—disease of the heart, 1—scarlet fever, 1—lockjaw, 1—intemperance, 1—lung fever, 1—dropsy, 1—smallpox, 2—mortification, 1—infantile, 1—cancer, 1—child-bed, 1—casualty, 1—fits, 1—drinking cold water, 1—cholera infantum, 2.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

THE course of Lectures will commence on Monday, the 2d day of November, and be continued under the following arrangement :—

Practice and Theory of Medicine,	NATHANIEL CHAPMAN, M.D.
Chemistry,	ROBERT HARE, M.D.
Surgery,	WILLIAM GIBSON, M.D.
Anatomy,	WILLIAM E. HORNER, M.D.
Institutes of Medicine,	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy,	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children,	HUGH L. HODGE, M.D.

Clinical Lectures on Medicine and Surgery are delivered regularly at the Philadelphia Hospital (Blockley), and at the Pennsylvania Hospital, from the beginning to the end of the session.

263 *Chesnut street, Philadelphia, July* 15, 1840. W. E. HORNER,
Jy 22—eptN15 *Dean of the Medical Faculty.*

MEDICAL LECTURES IN BOSTON.

THE Medical Faculty of Harvard University will begin their annual course of Lectures on the first Wednesday of November next, at the Massachusetts Medical College, Mason street, Boston. The Introductory Lecture will be given at 12 o'clock, M., in the Anatomical Theatre, on that day, and the lectures will continue four months.

Anatomy and the Operations in Surgery, by	Prof. WARREN.
Midwifery and Medical Jurisprudence, by	Prof. CHANNING.
Materia Medica and Clinical Medicine, by	Prof. BIGELOW.
Principles of Surgery and Clinical Surgery, by	Prof. HAYWARD.
Chemistry, by	Prof. WEBSTER.
Theory and Practice of Physic, by	Prof. WARE.

The students will have an opportunity of attending the medical and surgical practice at the Massachusetts General Hospital, and also of seeing the surgical operations performed there during the winter.

The Faculty have reason to believe that the provisions of the law legalizing the study of anatomy, will be carried more completely into operation than has heretofore been done, and that the facilities for practical anatomy will consequently be much increased. WALTER CHANNING, *Dean.*

Boston, July 6, 1840. Jy 15—tN1

PHYSICIAN WANTED.

A YOUNG physician, well qualified and well recommended, will find an eligible situation in a pleasant country town, by inquiring of John Homans, M.D., Boston; John Green, M.D., Worcester; or of the subscriber, Rutland, Mass. GEO. ESTABROOK.

Rutland, July 6th, 1840. Jy 15

NEW HAMPSHIRE MED. INSTITUTION AT DARTMOUTH COLLEGE.

THE annual course of Lectures in this Institution will commence on the 6th of August, 1840, and continue three months. The Introductory Lecture will be given on that day at 3 o'clock, P. M.

STEPHEN W. WILLIAMS, M.D., Lecturer on Medical Botany and Medical Jurisprudence.
DIXI CROSBY, M.D., Professor of Surgery, Surgical Anatomy and Obstetrics.
OLIVER P. HUBBARD, M.D., Professor of Chemistry and Pharmacy.
OLIVER W. HOLMES, M.D., Professor of Anatomy and Physiology.
JOSEPH ROBY, M.D., Lecturer on the Theory and Practice of Physic, and Materia Medica.

All operations before the medical class are performed *gratis*. Facilities for private dissection will be afforded if desired.

Fees for the course, $50. Matriculation, $3. Graduating expenses, $18.

By order of the Faculty,
OLIVER P. HUBBARD,
Hanover, June 22, 1840. Jy 15—eptA6 *Secretary.*

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures in this institution will commence on the first Thursday, 6th of August, 1840, and continue thirteen weeks.

Fee for the whole course, $50. Fee for those who have already attended two full courses, $10. Graduation fee, $18.

Theory and Practice of Medicine and Obstetrics, by - - - -	H. H. CHILDS, M.D.
Principles and Practice of Surgery, by - - - - - - - - -	WILLARD PARKER, M.D.
General and Pathological Anatomy, by - - - - - - - -	ROBERT WATTS, JR., M.D.
Chemistry, Materia Medica, and Jurisprudence, by - - - -	DAVID PALMER, M.D.
Anatomy and Physiology, by - - - - - - - - - -	ROBERT NELSON, M.D.

The Berkshire Medical Institution has been in operation about twenty years, and has been liberally patronised by the public. It has ever been the object of the trustees to make the advantages offered to students, by this School, correspond with the rapidly improving state of medical science.

Pittsfield, Mass., May, 1840. June 20—1A PARKER L. HALL, *Sec'y.*

MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit one afternoon every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; and to the practice of one of the Dispensary districts. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

Surgery, by - - - - - - - - - - - - - - -	DR. STEDMAN.
Theory and Practice of Medicine and Chemistry, by - - - -	DR. PERRY.
Midwifery, Materia Medica, Diseases of the Chest, and Demonstrations on Morbid Anatomy, at the Hospital, by - - -	DR. BOWDITCH.
Anatomy and Medical Jurisprudence, by - - - - -	DR. WILEY.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, or to either of the subscribers.

M. S. PERRY, C. H. STEDMAN,
H. I. BOWDITCH, H. G. WILEY.

June 17—eoptf

TO DENTISTS.

THE advertiser informs the Dental Profession and others, that he is now manufacturing two Metallic Compounds, for male and female dies, to be used in striking up plates of gold for artificial teeth or other purposes. The first of these metals melts with so little heat that it may be poured into wax impressions without softening them; yet, when cold, it is very hard. The second metal will fuse at a still lower temperature, and is much softer. These metals (numbered 1 and 2) will raise a plate with as much facility and accuracy as zinc and tin. Therefore, plaster of Paris, casting sand, and other inconveniences, may be dispensed with.

It may be had in any quantity of EBENEZER SEAVER, 68 Tremont st. Price, $2 per pound.

June 17—eptf

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
Oct. 9—tf J. MASON WARREN.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.